

County: Charleston

Facility Type: Abortion Clinic

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
CHARLESTON WOMEN'S MEDICAL CENTER 1312 ASHLEY RIVER RD CHARLESTON, SC 29407-5365 FAC.#:843-571-5161 BOYLE, LEISA PH#: 843-571-5161 Facility Email: Not on File	Charleston / Ltd. Liability 1312 ASHLEY RIVER RD CHARLESTON, SC 29407-5365 SC WOMEN'S CENTER LLC AB-0005 / 07/31/2014	1

Totals For Facility/License Type: Abortion ClinicNumber of Activities/Facilities licensed: 1 Number Licensed Units: 1

County: Charleston

Facility Type: Adult Day Care

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
ACTIVE DAY OF CHARLESTON 915 FOLLY RD STE A1 CHARLESTON, SC 29412-3907 FAC.#:843-762-5291 ADAMS, JU PH#: 843-762-5291 Facility Email: JADAMS@ACTIVEDAY.COM	Charleston / Corporation 6 NESHAMINY INTERPLEX STE 401 FEASTERVILLE TREVOSE, PA 19053-6964 ACTIVE SC ONE INC ADC-0130 / 10/31/2014	66
Number of Participants:		66
ADULT DAYCARE 41 1572 HWY 41 MOUNT PLEASANT, SC 29466 FAC.#:843-856-4203 HABERSHAM, CAROLINE C PH#: 843-708-3002 Facility Email: ADULTDAYCARE41@ATT.NET	Charleston / Sole Proprietorship 1572 HWY 41 MOUNT PLEASANT, SC 29466 HABERSHAM, CAROLINE C ADC-0301 / 03/31/2015	21
Number of Participants:		21
EAST COOPER SENIOR DAY CARE 999 LAKE HUNTER CIR STE C MOUNT PLEASANT, SC 29464-5427 FAC.#:843-216-1070 JENKINS, MARTHA E PH#: 843-216-1070 Facility Email: MARTHAJENKINS77@YAHOO.COM	Charleston / Ltd. Liability 447 HATTIE ST MOUNT PLEASANT, SC 29464-9254 MARTHA E AND JOSIE JENKINS JR LLC ADC-0280 / 12/31/2014	24
Number of Participants:		24
MIDLAND PARK ADULT DAY CARE 2712 MIDLAND PARK RD NORTH CHARLESTON, SC 29406-4551 FAC.#:843-569-0025 SINGIAN, ROGELIO C PH#: 843-569-0025 Facility Email: MIDLANDPARK@BELLSOUTH.NET	Charleston / Corporation 2712 MIDLAND PARK RD CHARLESTON, SC 29406-4551 MIDLAND PARK ENTERPRISES INC ADC-0106 / 01/31/2015	12
Number of Participants:		12
SEA ISLAND ADULT DAY CENTER 3627 MAYBANK HWY JOHNS ISLAND, SC 29455-4836 FAC.#:843-559-4137 KIRKLAND, MURIEL L PH#: 843-559-4137 Facility Email: SIADULTDAYCARE@AOL.COM	Charleston / Non-Profit Corporation PO BOX 689 JOHNS ISLAND, SC 29457-0689 SEA ISLAND COMPREHENSIVE HEALTH CARE CORPORATION ADC-0286 / 11/30/2014	31
Number of Participants:		31
TRUCARE ADULT DAY CENTER 9225 UNIVERSITY BLVD STE E-1A NORTH CHARLESTON, SC 29406-9149 FAC.#:843-569-7200 YOUNG, VALERIE D PH#: 843-569-7200 Facility Email: TRUCAREADULTDAYC@BELLSOUTH.NET	Charleston / Corporation PO BOX 325 LADSON, SC 29456-0325 TRUCARE HEALTH SERVICES INC ADC-0225 / 07/31/2014	35
Number of Participants:		35

Totals For Facility/License Type: Adult Day CareNumber of Activities/Facilities licensed: 6 Number Licensed Units: 189

County: Charleston

Facility Type: Ambulatory Surgery

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
CHARLESTON ENDOSCOPY CENTER 1962 CHARLIE HALL BLVD CHARLESTON, SC 29414-5837 FAC.#:843-722-8000 PUNTENY, WANDA M PH#: 843-722-8000 Facility Email: KIM.OWEN@CHARLESTONGI.COM	Charleston / Limited Liability 1962 CHARLIE HALL BLVD CHARLESTON, SC 29414-5837 CHARLESTON ENDOSCOPY CENTER LLC ASF-0079 / 01/31/2015	4
Operating Rooms: 0 Procedure Rooms: 0 Endoscopy Rooms: 4		
CHARLESTON SURGERY CENTER 2690 LAKE PARK DR NORTH CHARLESTON, SC 29406-9108 FAC.#:843-764-0992 MEDLEY, HELENE PH#: 843-764-0992 Facility Email: HELENE.MEDLEY@SCASURGERY.COM	Charleston / Limited Liability 2690 LAKE PARK DR NORTH CHARLESTON, SC 29406-9108 CHARLESTON SURGERY CENTER LP ASF-0011 / 03/31/2015	6
Operating Rooms: 4 Procedure Rooms: 1 Endoscopy Rooms: 1		
COLORECTAL ENDOSURGERY INSTITUTE OF THE CAROLINAS 1439 STUART ENGALS BLVD UNIT 100 MOUNT PLEASANT, SC 29464-3686 FAC.#:843-853-7730 PALMER, WENDY PH#: 843-789-0099 Facility Email: RBRUSTINMD@YAHOO.COM	Charleston / Limited Liability 1439 STUART ENGALS BLVD UNIT 100 MOUNT PLEASANT, SC 29464-3686 COLORECTAL ENDOSURGERY INSTITUTE OF THE CAROLINAS LLC ASF-0116 / 10/31/2014	2
Operating Rooms: 0 Procedure Rooms: 0 Endoscopy Rooms: 2		
ELMS ENDOSCOPY CENTER 2671 ELMS PLANTATION BLVD NORTH CHARLESTON, SC 29406-9165 FAC.#:843-735-7651 WAGNER, TONYA K PH#: 843-735-7651 Facility Email: L&C@AMSURG.COM	Charleston / Ltd. Liability 20 BURTON HILLS BLVD STE 500 NASHVILLE, TN 37215-6176 ELMS ENDOSCOPY CENTER LLC ASF-0098 / 03/31/2015	3
Operating Rooms: 0 Procedure Rooms: 0 Endoscopy Rooms: 3		
LOWCOUNTRY AMBULATORY CENTER 1844 WALLACE SCHOOL RD CHARLESTON, SC 29407-4822 FAC.#:843-556-2545 MAY, FARAH PH#: 843-556-2545 Facility Email: FARAHMAY.LAC@GMAIL.COM	Charleston / Limited Liability 641 SAINT ANDREWS BLVD CHARLESTON, SC 29407-7165 LOWCOUNTRY AMBULATORY CENTER LLC ASF-0118 / 02/28/2015	3
Operating Rooms: 2 Procedure Rooms: 1 Endoscopy Rooms: 0		
PALMETTO ENDOSCOPY CENTER 2073 CHARLIE HALL BLVD CHARLESTON, SC 29414-5834 FAC.#:843-571-0643 KING, ERIN PH#: 843-571-0643 Facility Email: EKing@PALMETTODIGESTIVE.COM	Charleston / Limited Liability 2073 CHARLIE HALL BLVD CHARLESTON, SC 29414-5834 PALMETTO ENDOSCOPY CENTER LLC ASF-0084 / 02/28/2015	2
Operating Rooms: 0 Procedure Rooms: 0 Endoscopy Rooms: 2		

County: Charleston

Facility Type: Ambulatory Surgery

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
PHYSICIANS EYE SURGERY CENTER 2060 CHARLIE HALL BLVD STE 301 CHARLESTON, SC 29414-6066 FAC.#:843-571-4800 ROBINSON, REBECCA C PH#: 843-571-4800 Facility Email: LHANNAH@AMSURG.COM	Charleston / Limited Liability 20 BURTON HILLS BLVD STE 500 NASHVILLE, TN 37215-6176 PHYSICIANS EYE SURGERY CENTER LLC ASF-0097 / 12/31/2014	4
Operating Rooms: 4 Procedure Rooms: 0 Endoscopy Rooms: 0		
ROPER HOSPITAL AMBULATORY SURGERY & PAIN MANAGEMENT JAMES ISLAND 325 FOLLY RD STE 200 CHARLESTON, SC 29412-2507 FAC.#:843-789-1550 SAMPLE, MARIA I PH#: 843-789-1550 Facility Email: ROBYN.BEAM@RSFH.COM	Charleston / Non-Profit Corporation 325 FOLLY RD STE 200 CHARLESTON, SC 29412-2507 ROPER HOSPITAL INC ASF-0114 / 01/31/2015	6
Operating Rooms: 4 Procedure Rooms: 2 Endoscopy Rooms: 0		
ROPER ST FRANCIS EYE CENTER 18 FARMFIELD AVE CHARLESTON, SC 29407-7700 FAC.#:843-958-2625 SAMPLE, MARIA I PH#: 843-958-2625 Facility Email: Not on File	Charleston / Limited Liability 18 FARMFIELD AVE CHARLESTON, SC 29407-7700 LOWCOUNTRY SURGERY CENTER LLC ASF-0049 / 10/31/2014	4
Operating Rooms: 3 Procedure Rooms: 1 Endoscopy Rooms: 0		
SOUTHEASTERN SPINE INSTITUTE AMBULATORY SURGERY CENTER 1106 CHUCK DAWLEY BLVD STE 100 MOUNT PLEASANT, SC 29464-4195 FAC.#:843-849-1551 EDDINGS, ELIZABETH A PH#: 843-849-1551 Facility Email: ELIZABETH.EDDINGS@SOUTHEASTERNSPINE.COM	Charleston / Limited Liability 1106 CHUCK DAWLEY BLVD STE 100 MOUNT PLEASANT, SC 29464-4195 SOUTHEASTERN SPINE INSTITUTE AMBULATORY SURGERY CENTER LLC ASF-0112 / 11/30/2014	3
Operating Rooms: 2 Procedure Rooms: 1 Endoscopy Rooms: 0		
SURGERY CENTER OF CHARLESTON 1849 SAVAGE RD CHARLESTON, SC 29407-4726 FAC.#:843-766-7103 ANDREWS, TAMMY PH#: 843-766-7103 Facility Email: TANDREWS@CHARLESTONENT.COM	Charleston / Limited Liability 1849 SAVAGE RD CHARLESTON, SC 29407-4726 CHARLESTON ENT ASSOCIATES LLC ASF-0117 / 12/31/2014	2
Operating Rooms: 2 Procedure Rooms: 0 Endoscopy Rooms: 0		
TRIDENT AMBULATORY SURGERY CENTER 9313 MEDICAL PLAZA DR STE 102 CHARLESTON, SC 29406-9153 FAC.#:843-797-8992 CARROLL RN, JEAN PH#: 843-797-8992 Facility Email: JEAN.CARROLL@HCAHEALTHCARE.COM	Charleston / Limited Liability Limited Partnership 9313 MEDICAL PLAZA DR STE 102 CHARLESTON, SC 29406-9153 TRIDENT AMBULATORY SURGERY CENTER LP ASF-0024 / 05/31/2014 (Renewal Pending)	6
Operating Rooms: 6 Procedure Rooms: 0 Endoscopy Rooms: 0		

County: Charleston

Facility Type: Ambulatory Surgery

Facility Name	County/Ownership Type	Licensed Units
Location Street	Mailing/Billing Address	
Location City, State	Licensee	
Administrator/Phone	License Nbr/Expiration Date	
TRIDENT EYE SURGERY CENTER	Charleston / Limited Liability	2
9297 MEDICAL PLAZA DR STE C	Limited Partnership	
CHARLESTON, SC 29406-9136 FAC.#:843-824-5024	9297 MEDICAL PLAZA DR STE C	
CARROLL RN, JEAN PH#: 843-797-8992	CHARLESTON, SC 29406-9136	
Facility Email: JEAN.CARROLL@HCAHEALTHCARE.COM	TRIDENT EYE SURGERY CENTER LP	
	ASF-0039 / 04/30/2015	
Operating Rooms: 2	Procedure Rooms: 0	Endoscopy Rooms: 0

Totals For Facility/License Type: Ambulatory SurgeryNumber of Activities/Facilities licensed: 13 Number Licensed Units: 47

County: Charleston

Facility Type: Birth Center

Facility Name	County/Ownership Type	Licensed Units
Location Street	Mailing/Billing Address	
Location City, State	Licensee	
Administrator/Phone	License Nbr/Expiration Date	
CHARLESTON BIRTH PLACE	Charleston / Corporation	2
9133 TIMBER ST STE 101	9133 TIMBER ST STE 101	
NORTH CHARLESTON, SC 29406-9075 FAC.#:843-818-1123	NORTH CHARLESTON, SC 29406-9075	
RATHBUN, LESLEY PH#: 843-818-1123	CHARLESTON BIRTH PLACE	
Facility Email: LESLEY@CHARLESTONBIRTHPLACE.COM	BC-0007 / 01/31/2015	

Totals For Facility/License Type: Birth CenterNumber of Activities/Facilities licensed: 1 Number Licensed Units: 2

Division of Health Licensing

County: Charleston

Facility Type: Body Piercing

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
AMERICAN STANDARD PIERCING 976 ORLEANS RD CHARLESTON, SC 29407-4920 FAC.#:843-573-2433 GAMBLIN, HOLLY A PH#: 843-573-2433 Facility Email: CGAMBLIN@SC.RR.COM	Charleston / Sole Proprietorship 105 SYLVAN TER SUMMERVILLE, SC 29485-5422 GAMBLIN, HOLLY ANN BP-0168 / 05/31/2012 (Renewal Pending)	1
EXOTIC IMPRESSIONS 8780 RIVERS AVE STE 316 NORTH CHARLESTON, SC 29406-9283 FAC.#:843-797-2280 FINCH, MATTHEW D PH#: 843-797-2280 Facility Email: EXOTICIMPRESSIONSSC@GMAIL.COM	Charleston / Ltd. Liability 8780 RIVERS AVE STE 316 NORTH CHARLESTON, SC 29406-9283 EXOTIC IMPRESSIONS LLC BP-0194 / 02/28/2015	1
FACTOR FIVE-MEETING STREET 283 MEETING ST CHARLESTON, SC 29401-1514 FAC.#:843-965-5559 GRAF, JOAN B PH#: 843-965-5559 Facility Email: FACTOR5@EARTHLINK.NET	Charleston / Sole Proprietorship 5128 RIVERS AVE NORTH CHARLESTON, SC 29406-6339 GRAF, JOAN B BP-0167 / 05/31/2014 (Renewal Pending)	1
FACTOR FIVE-RIVERS AVENUE 5527 RIVERS AVE NORTH CHARLESTON, SC 29406-6130 FAC.#:843-747-0540 GRAF, JOAN PH#: 843-747-0540 Facility Email: FACTOR5@EARTHLINK.NET	Charleston / Sole Proprietorship 5128 RIVERS AVE NORTH CHARLESTON, SC 29406-6339 GRAF, JOAN B BP-0010 / 05/31/2014 (Renewal Pending)	1
KNOTTY HEADZ BODY PIERCING-CHARLESTON 5341 DORCHESTER RD UNIT 3 NORTH CHARLESTON, SC 29418-5618 FAC.#:803-422-3992 RORIE, WOODROW D PH#: 803-212-8349 Facility Email: KNOTTYHEADZTATTOO@GMAIL.COM	Charleston / Limited Liability 1608 DECKER BLVD COLUMBIA, SC 29206-5246 KNOTTY HEADZ BODY PIERCING-CHARLESTON LLC BP-0218 / 10/31/2014	1
MUSEUM OF LIVING ARTS 1734 SAVANNAH HWY CHARLESTON, SC 29407-6255 FAC.#:843-442-9575 DAVIS, LAURA M PH#: 843-442-9575 Facility Email: LAURA_DAVISII@YAHOO.COM	Charleston / Limited Liability 1734 SAVANNAH HWY CHARLESTON, SC 29407-6255 MUSEUM OF LIVING ARTS LLC BP-0192 / 04/30/2015	1
MUSEUM OF LIVING ARTS SPRING ST 47 SPRING ST UNIT A CHARLESTON, SC 29403-5416 FAC.#:843-937-5300 DAVIS, LAURA M PH#: 843-442-9575 Facility Email: MUSEUMOFLIVINGARTS@GMAIL.COM	Charleston / Limited Liability 1734 SAVANNAH HWY STE A CHARLESTON, SC 29407-6255 PANCHO AND LEFTY LLC BP-0242 / 12/31/2014	1
PIERCING PERFECTION OF NORTH CHARLESTON 3025 ASHLEY PHOSPHATE RD STE A3 NORTH CHARLESTON, SC 29418-8447 FAC.#:843-270-2529 DUNN, JAMES A PH#: 843-270-2529 Facility Email: PIERCINGPERFECTION@YAHOO.COM	Charleston / Ltd. Liability 3025 ASHLEY PHOSPATE RD STE A3 N CHARLESTON, SC 29418-8447 DUNN JAMES A BP-0231 / 12/31/2013 (Renewal Pending)	1

County: Charleston

Facility Type: Body Piercing

Facility Name	County/Ownership Type	Licensed
Location Street	Mailing/Billing Address	Units
Location City, State	Licensee	
Administrator/Phone	License Nbr/Expiration Date	

Totals For Facility/License Type: Body PiercingNumber of Activities/Facilities licensed: 8 Number Licensed Units: 8

County: Charleston

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
AGAGE ASSISTED LIVING AT NORTH CHARLESTON 4550 GREAT OAK DR NORTH CHARLESTON, SC 29418-5001 FAC.#:843-760-0831 KEAGAN, KELLEY PH#: Facility Email: SSHIPMAN0460@BELLSOUTH.NET	Charleston / Ltd. Liability 4550 GREAT OAK DR NORTH CHARLESTON, SC 29418-5001 AGAPE ASSISTED LIVING OF NORTH CHARLESTON LLC CRC-1288 / 02/28/2015	100
Alzheimer Care: No Max # Resident: 0	Alzheimer Unit: No Max # Beds: 0	
Certifications: None		
ASHLEY RIVER PLANTATION 2333 ASHLEY RIVER RD CHARLESTON, SC 29414-4755 FAC.#:843-766-9898 CURE, CANDY D PH#: 843-766-9898 Facility Email: Not on File	Charleston / Limited Liability SNH SE ASHLEY RIVER TENANT LLC CRC-1376 / 06/30/2014	123
Alzheimer Care: Yes Max # Resident: 51	Alzheimer Unit: Yes Max # Beds: 51	
Certifications: None		
BELL'S PROFESSIONAL RESIDENTIAL HOME CARE 1910 DALTON ST CHARLESTON, SC 29406-3961 FAC.#:843-744-1765 BELL, TROY A PH#: 843-744-1765 Facility Email: Not on File	Charleston / Ltd. Liability 1155 MARQUIS RD NORTH CHARLESTON, SC 29405-4353 BELL'S PROFESSIONAL RESIDENTIAL HOME CARE LLC CRC-1209 / 05/31/2014 (Renewal Pending)	20
Alzheimer Care: No Max # Resident: 0	Alzheimer Unit: No Max # Beds: 0	
Certifications: None		
BISHOP GADSDEN EPISCOPAL COMMUNITY 1 BISHOP GADSDEN WAY CHARLESTON, SC 29412-3501 FAC.#:843-762-3300 TRAWICK, C WILLIAM PH#: 843-762-3300 Facility Email: SARAH.TIPTON@BISHOPGADSDENORG	Charleston / Non-Profit Corporation 1 BISHOP GADSDEN WAY CHARLESTON, SC 29412-3501 BISHOP GADSDEN EPISCOPAL RETIREMENT COMMUNITY CRC-0451 / 11/30/2014	112
Alzheimer Care: Yes Max # Resident: 20	Alzheimer Unit: Yes Max # Beds: 20	
Certifications: None		
BOWLES COMMUNITY CARE HOME 9270 N HWY 17 MC CLELLANVILLE, SC 29458-9422 FAC.#:843-887-4180 BOWLES, BENJAMIN PH#: 843-887-4180 Facility Email: BBOWCARE@AOL.COM	Charleston / Sole Proprietorship 9270 N HWY 17 MC CLELLANVILLE, SC 29458-9422 BENJAMIN, BOWLES CRC-0090 / 09/30/2014	16
Alzheimer Care: No Max # Resident: 0	Alzheimer Unit: No Max # Beds: 0	
Certifications: None		

County: Charleston

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
BOWLES COMMUNITY CARE HOME 2 9274 N HWY 17 MCCLELLANVILLE, SC 29458-9422 FAC.#:843-887-4180 BOWLES, BENJAMIN PH#: 843-887-4180 Facility Email: BBOWCARE@AOL.COM	Charleston / Sole Proprietorship 9270 N HWY 17 MC CLELLANVILLE, SC 29458-9422 BOWLES, BENJAMIN CRC-1497 / 11/30/2014	5
Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0		
Certifications: None		
BRIDGE ASSISTED LIVING AT LIFE CARE CENTER OF CHARLESTON 2590 ELMS PLANTATION BLVD NORTH CHARLESTON, SC 29406-8105 FAC.#:843-553-6342 NELSON, MICHELLE M PH#: 843-553-6342 Facility Email: CNELSON@CENTRYPA.COM	Charleston / Ltd. Liability 3570 KEITH ST NW CLEVELAND, TN 37312-4309 CHARLESTON RETIREMENT INVESTORS LLC CRC-1064 / 10/31/2014	100
Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0		
Certifications: None		
CABADING HOMES #1 3431 RIVERS AVE NORTH CHARLESTON, SC 29405-7760 FAC.#:843-747-3050 CABADING, LOLITA B PH#: 843-745-9182 Facility Email: CABOOTY105@AOL.COM	Charleston / Corporation 3431 RIVERS AVE NORTH CHARLESTON, SC 29405-7760 CABADING HOMES INC CRC-0394 / 07/31/2014	18
Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0		
Certifications: None		
CABADING HOMES #2 3435 RIVERS AVE NORTH CHARLESTON, SC 29405-7760 FAC.#:843-745-9182 CABADING, LOLITA B PH#: 843-745-9182 Facility Email: CABOOTY105@AOL.COM	Charleston / Corporation 2149 DORCHESTER RD NORTH CHARLESTON, SC 29405-7763 CABADING HOMES INC CRC-0571 / 02/28/2015	15
Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0		
Certifications: None		
CABADING HOMES #3 2149 DORCHESTER RD NORTH CHARLESTON, SC 29405-7763 FAC.#:843-745-9182 CABADING, ALLAN M PH#: 843-745-9182 Facility Email: CABOOTY105@AOL.COM	Charleston / Corporation 2149 DORCHESTER RD NORTH CHARLESTON, SC 29405-7763 CABADING HOMES INC CRC-0825 / 07/31/2014	25
Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0		
Certifications: None		

County: Charleston

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
CAMP COMMUNITY RESIDENCE 1251 CAMP RD JAMES ISLAND, SC 29412-9212 FAC.#:843-805-5820 SIMMONS, CYNTHIA Y PH#: 843-762-9827 Facility Email: Not on File	Charleston / State PO BOX 22708, DISABILITIES BOARD OF CHARLESTON COUNTY CHARLESTON, SC 29413-2708 DISABILITIES BOARD OF CHARLESTON COUNTY CRC-1371 / 01/31/2015	8
Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0 Certifications: None		
CARE WITH LOVE 3408 LENAPE ST NORTH CHARLESTON, SC 29405-7777 FAC.#:843-744-0313 SANDERS, JUANITA PH#: 843-744-0313 Facility Email: CAREWITHLOVE@BELLSOUTH.NET	Charleston / Sole Proprietorship 2240 DOVER ST NORTH CHARLESTON, SC 29405-7939 NELSON, TIFFANY CRC-1499 / 11/30/2014	5
Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0 Certifications: None		
CARE WITH LOVE II 2109 COMMANDER RD NORTH CHARLESTON, SC 29405-7704 FAC.#:843-744-0313 SKIPPER, LAVERNE PH#: 843-744-0313 Facility Email: CAREWITHLOVE@ATT.NET	Charleston / Sole Proprietorship NELSON, TIFFANY CRC-1523 / 08/31/2014	5
Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0 Certifications: None		
CARTER-MAY HOME 1660 INGRAM RD CHARLESTON, SC 29407-4242 FAC.#:843-556-8314 BAUDER, JANINE NEWELL PH#: 843-556-8314 Facility Email: JANINE@CATHOLIC-DOC.ORG	Charleston / Corporation 1660 INGRAM RD CHARLESTON, SC 29407-4242 CATHOLIC CHARITIES OF THE DIOCESE OF CHARLESTON INC CRC-0064 / 04/30/2015	25
Alzheimer Care: Yes Max # Resident: 2 Alzheimer Unit: No Max # Beds: 0 Certifications: None		
CHARDON PLACE 3455 BOHICKET RD JOHNS ISLAND, SC 29455-7222 FAC.#:843-768-4948 KULSICAVAGE, ANNA MARIE PH#: 843-768-4948 Facility Email: DAVESWILLIS@GMAIL.COM	Charleston / Ltd. Liability 3455 BOHICKET RD JOHNS ISLAND, SC 29455-7222 CHARDON PROPERTY LLC CRC-1462 / 01/31/2015	16
Alzheimer Care: Yes Max # Resident: 4 Alzheimer Unit: No Max # Beds: 0 Certifications: None		

County: Charleston

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
COOPER HALL AT THE PALMS OF MT PLEASANT 937 BOWMAN RD OFC MOUNT PLEASANT, SC 29464-3222 FAC.#:843-884-6949 GILLESPIE, CRIS J PH#: 843-849-3096 Facility Email: TCOOK@BELLPARTNERSINC.COM	Charleston / SNH SE SG TENANT LLC CRC-1432 / 06/30/2014	44
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
CUMMINGS COMMUNITY RESIDENTIAL CARE HOME 2606 STARK LN NORTH CHARLESTON, SC 29405-5537 FAC.#:843-747-7088 CUMMINGS, OLYMPIA W PH#: 843-860-2340 Facility Email: OCUMMINGS03@COMCAST.NET	Charleston / Sole Proprietorship CUMMINGS, OLYMPIA W CRC-0891 / 10/31/2014	8
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
CURAMENG RESIDENTIAL HOME CARE 2021 COSGROVE AVE NORTH CHARLESTON, SC 29405-7710 FAC.#:843-566-1266 REYES, MILAGROS L PH#: 843-566-1266 Facility Email: CURAMEFT@YAHOO.COM	Charleston / Corporation 2021 COSGROVE AVE NORTH CHARLESTON, SC 29405-7710 JFJ INC CRC-1187 / 11/30/2014	8
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
DAYSRING ASSISTED LIVING 5146 TOWLES RD HOLLYWOOD, SC 29449-6119 FAC.#:843-889-9757 MARSHALL, YASSAMIN B PH#: 843-889-9757 Facility Email: YASSIMARSHALL@YAHOO.COM	Charleston / Ltd. Liability 5146 TOWLES RD HOLLYWOOD, SC 29449-6119 DAYSRING ASSISTED LIVING LLC CRC-1385 / 04/30/2014 (Renewal Pending)	16
Alzheimer Care:Yes Max # Resident:16	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
DORCAS RESIDENTIAL CARE I 1131 BEXLEY ST NORTH CHARLESTON, SC 29405-4726 FAC.#:843-746-9800 RELLORA, WILHELMINA C PH#: 843-746-9800 Facility Email: JNAVEARELLORA@NETZERO.NET	Charleston / Partnership PO BOX 61870 NORTH CHARLESTON, SC 29419-1870 JESUS N AND WILHELMINA C RELLOLA CRC-1251 / 11/30/2014	5
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		

County: Charleston

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
DORCAS RESIDENTIAL CARE II 1133 BEXLEY ST NORTH CHARLESTON, SC 29405-4726 FAC.#:843-747-4800 RELLORA, WILHELMINA C PH#: 843-746-9800 Facility Email: JNAVEARELLORA@NETZERO.NET	Charleston / Partnership PO BOX 61870 NORTH CHARLESTON, SC 29419-1870 JESUS N AND WILHELMINA C RELLORA CRC-1252 / 11/30/2014	5
Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0		
Certifications: None		
EVERGREEN RESIDENTIAL CARE INC I 1612 EVERGREEN ST CHARLESTON, SC 29407-6263 FAC.#:843-744-1249 LESESNE, CLARA P PH#: 843-744-1249 Facility Email: EVERGREEN_1818@HOTMAIL.COM	Charleston / Corporation PO BOX 31774 CHARLESTON, SC 29417-1774 EVERGREEN RESIDENTIAL CARE INC CRC-0026 / 03/31/2015	8
Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0		
Certifications: None		
FARMINGTON COMMUNITY RESIDENCE 1269 CAMP RD JAMES ISLAND, SC 29412-9212 FAC.#:843-805-5820 CAPERS, MADLYN PH#: 843-805-5820 Facility Email: DGOLDMINTZ@DSNCC.COM	Charleston / State PO BOX 22708, DISABILITIES BOARD OF CHARLESTON COUNTY CHARLESTON, SC 29413-2708 DISABILITIES BOARD OF CHARLESTON COUNTY CRC-1370 / 01/31/2015	8
Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0		
Certifications: None		
FIRST CHOICE HOME CARE FACILITY 2003 COSGROVE AVE NORTH CHARLESTON, SC 29405-5702 FAC.#:843-225-0637 RELLORA, WILHELMINA C PH#: 843-566-0460 Facility Email: AMABROUK23@COMCAST.NET	Charleston / Partnership 2003 COSGROVE AVE NORTH CHARLESTON, SC 29405-5702 DQR CAMBA/NM CAMBA/GT MARTINEZ/P MARTINEZ/P PAJOTA CRC-0742 / 10/31/2014	8
Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0		
Certifications: None		
FRANKE HOME 1885 RIFLE RANGE RD MOUNT PLEASANT, SC 29464-9440 FAC.#:843-856-4700 STOLL, SANDRA A PH#: 843-856-4700 Facility Email: SSTOLL@FRANKEATSEASIDE.ORG	Charleston / Non-Profit Corporation 1885 RIFLE RANGE RD MOUNT PLEASANT, SC 29464-9440 LUTHERAN HOMES OF SOUTH CAROLINA INC (NPC) CRC-1082 / 09/30/2014	86
Alzheimer Care: Yes Max # Resident: 22 Alzheimer Unit: Yes Max # Beds: 22		
Certifications: None		

County: Charleston

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
GUARDIAN ANGELS RESIDENTIAL CARE 2126 SUCCESS ST NORTH CHARLESTON, SC 29405-7992 FAC.#:843-744-0448 JANKE, BONIFACIA E PH#: 843-744-0448 Facility Email: BARRY.JANKE@YAHOO.COM	Charleston / Corporation 2126 SUCCESS ST NORTH CHARLESTON, SC 29405-7992 GUARDIAN ANGELS ASSISTED LIVING INC CRC-1049 / 11/30/2014	18
Alzheimer Care: No Max # Resident: 0	Alzheimer Unit: No Max # Beds: 0	
Certifications: None		
HORIZON BAY ASSISTED LIVING & MEMORY CARE AT CHARLESTON 2030 CHARLIE HALL BLVD CHARLESTON, SC 29414-5830 FAC.#:843-763-4055 PH#: Facility Email: TROBINSON1@BROOKDALELIVING.COM	Charleston / Limited Liability 2030 CHARLIE HALL BLVD CHARLESTON, SC 29414-5830 HBP LEASECO LLC CRC-1291 / 09/30/2014	100
Alzheimer Care: Yes Max # Resident: 29	Alzheimer Unit: Yes Max # Beds: 33	
Certifications: None		
IVORY'S LOVING CARE RESIDENTIAL FACILITY 2827 SPRUILL AVE NORTH CHARLESTON, SC 29405-8050 FAC.#:843-745-2339 SANDERS, JUANITA PH#: 843-270-0787 Facility Email: SISTERSANDERS@KNOLOGY.NET	Charleston / Partnership 2827 SPRUILL AVE NORTH CHARLESTON, SC 29405-8050 JUANITA SANDERS & GENEVA NELSON CRC-1383 / 04/30/2014 (Renewal Pending)	7
Alzheimer Care: No Max # Resident: 0	Alzheimer Unit: No Max # Beds: 0	
Certifications: None		
JADE COMMUNITY RESIDENTIAL CARE 3 CUNNINGTON AVE NORTH CHARLESTON, SC 29405-9312 FAC.#:843-853-0299 VELASCO, JULIA M PH#: 843-853-0299 Facility Email: Not on File	Charleston / Ltd. Liability PO BOX 612 UNION, SC 29379-0612 JADE COMMUNITY RESIDENTIAL CARE LLC CRC-1123 / 10/31/2014	10
Alzheimer Care: No Max # Resident: 0	Alzheimer Unit: No Max # Beds: 0	
Certifications: None		
JADE COMMUNITY RESIDENTIAL CARE II 7 CUNNINGTON AVE NORTH CHARLESTON, SC 29405-9312 FAC.#:843-853-0299 WASHINGTON, ALFREDA PH#: 843-853-0299 Facility Email: Not on File	Charleston / Ltd. Liability PO BOX 612 UNION, SC 29379-0612 JADE COMMUNITY RESIDENTIAL CARE LLC CRC-1124 / 10/31/2014	10
Alzheimer Care: No Max # Resident: 0	Alzheimer Unit: No Max # Beds: 0	
Certifications: None		

County: Charleston

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
JADE COMMUNITY RESIDENTIAL CARE III 9 CUNNINGTON AVE NORTH CHARLESTON, SC 29405-9312 FAC.#:843-853-0299 WASHINGTON, ALFREDA PH#: 843-853-0299 Facility Email: Not on File	Charleston / Ltd. Liability PO BOX 612 UNION, SC 29379-0612 JADE COMMUNITY RESIDENTIAL CARE LLC CRC-1125 / 10/31/2014	12
Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0		
Certifications: None		
LADSON'S RESIDENTIAL HOME CARE 1116 CAMP RD CHARLESTON, SC 29412-8831 FAC.#:843-762-6443 LADSON, PAULINE M PH#: 843-406-0775 Facility Email: PAULINELADSON@ATT.NET	Charleston / Sole Proprietorship 1116 CAMP RD CHARLESTON, SC 29412-8831 PAULINE LADSON CRC-1256 / 09/30/2014	5
Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0		
Certifications: None		
LAMBS ROAD COMMUNITY RESIDENCE 4788 LAMBS RD NORTH CHARLESTON, SC 29418-3521 FAC.#:843-767-1066 JOHNSTON, GLORIA J PH#: 843-767-1066 Facility Email: DGOLDMINTZ@DSNCC.COM	Charleston / State PO BOX 22708 CHARLESTON, SC 29413-2708 DISABILITIES BOARD OF CHARLESTON COUNTY CRC-0690 / 09/30/2014	8
Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0		
Certifications: None		
LANGIT'S ASSISTED LIVING FACILITY 1273 REMOUNT RD NORTH CHARLESTON, SC 29406-3439 FAC.#:843-554-1671 LANGIT, CRESENCIA B PH#: 843-554-1671 Facility Email: LANGITSASSISTEDLIVING@COMCAST.NET	Charleston / Corporation 1273 REMOUNT RD NORTH CHARLESTON, SC 29406-3439 LANGIT'S RESIDENTIAL HOME CARE INC CRC-0861 / 03/31/2015	70
Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0		
Certifications: None		
LENEVAR COMMUNITY RESIDENCE 1435 W LENEVAR DR CHARLESTON, SC 29407-5118 FAC.#:843-766-3061 JOHNSTON, GLORIA J PH#: 843-766-3061 Facility Email: DGOLDMINTZ@DSNCC.COM	Charleston / State PO BOX 22708, DISABILITIES BOARD OF CHARLESTON COUNTY CHARLESTON, SC 29413-2708 DISABILITIES BOARD OF CHARLESTON COUNTY CRC-0943 / 07/31/2014	8
Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0		
Certifications: None		

County: Charleston

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
MARIA'S PRIORITY CARE RESIDENTIAL HOME I 3117 MEETING STREET RD NORTH CHARLESTON, SC 29405-7980 FAC.#:843-554-8890 PARANAL, ROGERIA R PH#: 843-554-8890 Facility Email: RRPARANAL@GMAIL.COM	Charleston / Sole Proprietorship 3117 MEETING STREET RD NORTH CHARLESTON, SC 29405-7980 PARANAL, ROGERIA R CRC-0937 / 07/31/2014	7
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
MARIA'S PRIORITY CARE RESIDENTIAL HOME II-B 4583 DURANT AVE, B NORTH CHARLESTON, SC 29405-5212 FAC.#:843-566-9864 RELLORA, JESUS N PH#: Facility Email: JNAVEARELLORA@NETZERO.NET	Charleston / Partnership PO BOX 70037 CHARLESTON, SC 29415-0037 JESUS N AND WILHELMINA C RELLOA CRC-0772 / 06/30/2014	7
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
MARIA'S PRIORITY CARE RESIDENTIAL HOME II-E 4583 DURANT AVE, E NORTH CHARLESTON, SC 29405-5212 FAC.#:843-566-0460 RELLORA, JESUS N PH#: Facility Email: JNAVEARELLORA@NETZERO.NET	Charleston / Partnership PO BOX 70037 CHARLESTON, SC 29415-0037 JESUS N AND WILHELMINA C RELLOA CRC-0773 / 06/30/2014	6
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
MARIA'S PRIORITY CARE RESIDENTIAL HOME II-F 4583 DURANT AVE, F NORTH CHARLESTON, SC 29405-5212 FAC.#:843-747-9234 RELLORA, JESUS N PH#: Facility Email: JNAVEARELLORA@NETZERO.NET	Charleston / Partnership PO BOX 70037 CHARLESTON, SC 29415-0037 JESUS N AND WILHELMINA C RELLOA CRC-0774 / 06/30/2014	5
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
MARIA'S PRIORITY CARE RESIDENTIAL HOME III 3115 MEETING STREET RD NORTH CHARLESTON, SC 29405-7980 FAC.#:843-554-0064 PARANAL, ROGERIA R PH#: 843-554-8890 Facility Email: Not on File	Charleston / Sole Proprietorship 3115 MEETING STREET RD NORTH CHARLESTON, SC 29405-7980 PARANAL, ROGERIA R CRC-0938 / 07/31/2014	7
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		

County: Charleston

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
MCLEOD MANOR 1707 MCLEOD AVE CHARLESTON, SC 29412-2922 FAC.#:843-795-8780 ALSTON, MARTHA S PH#: 843-795-8780 Facility Email: CHVINC@COMCAST.NET	Charleston / Corporation 1707 MCLEOD AVE CHARLESTON, SC 29412-2922 MCLEOD MANOR INC CRC-0425 / 03/31/2015	16
Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0		
Certifications: None		
MIDLAND PARK RESIDENTIAL HOME CARE 2712 MIDLAND PARK RD NORTH CHARLESTON, SC 29406-4551 FAC.#:843-569-0025 SINGIAN, ROGELIO C PH#: 843-569-0025 Facility Email: MIDLANDPARK@BELLSOUTH.NET	Charleston / Corporation 2712 MIDLAND PARK RD NORTH CHARLESTON, SC 29406-4551 MIDLAND PARK ENTERPRISES INC CRC-0905 / 01/31/2015	52
Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0		
Certifications: None		
MY FATHER'S HOUSE 22 LARNES ST CHARLESTON, SC 29403-2636 FAC.#:843-723-7889 STENT, JOSEPHINE I PH#: 843-723-7889 Facility Email: JSTENT@BELLSOUTH.NET	Charleston / Partnership PO BOX 1647 CHARLESTON, SC 29402-1647 JOSEPHINE STENT AND ELOISE CHESTNUT CRC-0459 / 02/28/2015	10
Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0		
Certifications: None		
NICHOLS RESIDENTIAL CARE FACILITY 702 E RAILROAD AVE LINCOLNVILLE, SC 29485-7228 FAC.#:843-821-9608 NICHOLS, LAVERNE PH#: 843-821-9608 Facility Email: NICHOLSRESIDENT@KNOLOGY.COM	Charleston / Partnership 702 E RAILROAD AVE SUMMERVILLE, SC 29485-7228 ALONZO NICHOLS AND LAVERNE NICHOLS CRC-0973 / 12/31/2014	5
Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0		
Certifications: None		
NORTH HAVEN RESIDENTIAL CARE HOME 4326 LESLIE ST NORTH CHARLESTON, SC 29418-5441 FAC.#:843-767-2541 LANGIT, LEONORA D PH#: 843-767-2541 Facility Email: NORAALFLLC@YAHOO.COM	Charleston / Corporation 4326 LESLIE ST NORTH CHARLESTON, SC 29418-5441 NORTH HAVEN RESIDENTIAL CARE HOME INC CRC-0877 / 08/31/2014	16
Alzheimer Care: Yes Max # Resident: 2 Alzheimer Unit: No Max # Beds: 0		
Certifications: None		

County: Charleston

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
PALMETTO RESIDENTIAL CARE OF NORTH CHARLESTON 2834 SPRUILL AVE NORTH CHARLESTON, SC 29405-8051 FAC.#:843-744-8849 LESESNE, CLARA P PH#: 843-744-1249 Facility Email: EVERGREEN_1818@HOTMAIL.COM	Charleston / Corporation PO BOX 31774 CHARLESTON, SC 29417-1774 EVERGREEN RESIDENTIAL CARE INC CRC-1322 / 08/31/2014	12
Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0		
Certifications: None		
PALMETTOS OF CHARLESTON 1900 ASHLEY CROSSING DR CHARLESTON, SC 29414-5751 FAC.#:843-852-0505 MARTIN, MEGAN W PH#: 843-852-0505 Facility Email: MMARTIN@PALMETTOSOFCHARLESTON.COM	Charleston / Limited Liability 1900 ASHLEY CROSSING DR CHARLESTON, SC 29414-5751 NHC PLACE-CHARLESTON LLC CRC-1263 / 07/31/2014	60
Alzheimer Care: Yes Max # Resident: 15 Alzheimer Unit: Yes Max # Beds: 15		
Certifications: None		
PETTIS ANGELS RESIDENTIAL CARE 2614 MADDEN DR NORTH CHARLESTON, SC 29405-5529 FAC.#:843-308-9413 PETTIS, ETHEL S PH#: 843-308-9413 Facility Email: Not on File	Charleston / Sole Proprietorship 3879 WALNUT ST CHARLESTON, SC 29405-7050 ETHEL S PETTIS CRC-0850 / 01/31/2015	5
Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0		
Certifications: None		
SANDPIPER COURTYARD ASSISTED LIVING 1047 ANNA KNAPP BLVD MOUNT PLEASANT, SC 29464-3133 FAC.#:843-884-7977 JANSE, SHEENA M PH#: 843-884-7977 Facility Email: SJANSE@SANDPIPERCENTER.COM	Charleston / Limited Liability 1047 ANNA KNAPP BLVD MOUNT PLEASANT, SC 29464-3133 SANDPIPER INDEPENDENT AND ASSISTED LIVING-DELAWARE LLC CRC-1325 / 09/30/2014	64
Alzheimer Care: Yes Max # Resident: 5 Alzheimer Unit: No Max # Beds: 0		
Certifications: None		
SAVANNAH HALL ASSISTED LIVING 1010 LAKE HUNTER CIR MOUNT PLEASANT, SC 29464-5417 FAC.#:843-388-2030 RIVERS, LESLIE A PH#: 843-388-2030 Facility Email: KDFOOR@BELLPARTNERSINC.COM	Charleston / SNH SE SG TENANT LLC CRC-1431 / 06/30/2014	32
Alzheimer Care: Yes Max # Resident: 16 Alzheimer Unit: Yes Max # Beds: 16		
Certifications: None		

County: Charleston

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
SAVANNAH PLACE 1501 SECESSIONVILLE RD CHARLESTON, SC 29412-8236 FAC.#:843-762-1396 ORAGE, DARYL PH#: 843-762-1396 Facility Email: DORAGE@ALCCO.COM	Charleston / 330 N WABASH AVE STE 3700 CHICAGO, IL 60611-7605 SAVANNAH AID OPCO LLC CRC-1410 / 11/30/2014	44
Alzheimer Care: No Max # Resident: 1	Alzheimer Unit: No Max # Beds: 0	
Certifications: None		
SECESSIONVILLE COMMUNITY RESIDENCE 1217 SECESSIONVILLE RD CHARLESTON, SC 29412-9749 FAC.#:843-762-2134 CAPERS, MADLYN PH#: 843-805-5820 Facility Email: DGOLDMINTZ@DSNCC.COM	Charleston / State PO BOX 22708, DISABILITIES BOARD OF CHARLESTON COUNTY CHARLESTON, SC 29413-2708 DISABILITIES BOARD OF CHARLESTON COUNTY CRC-1287 / 12/31/2014	8
Alzheimer Care: No Max # Resident: 0	Alzheimer Unit: No Max # Beds: 0	
Certifications: None		
SERENITY MANOR 4018 S RHETT AVE NORTH CHARLESTON, SC 29405-7163 FAC.#:843-554-0733 FIELDS, HATTIE B PH#: 843-425-4422 Facility Email: HBFIELDS@BELLSOUTH.NET	Charleston / Sole Proprietorship PO BOX 21934 CHARLESTON, SC 29413-1934 FIELDS, HATTIE B CRC-1472 / 02/28/2015	10
Alzheimer Care: Yes Max # Resident: 2	Alzheimer Unit: No Max # Beds: 0	
Certifications: None		
SOMERBY OF MOUNT PLEASANT 3100 TRADITION CIR MOUNT PLEASANT, SC 29466-7153 FAC.#:843-849-3096 FUNSCH, ROSEMARY S PH#: Facility Email: RLYON@SOMERBYLIVING.COM	Charleston / Ltd. Liability 2700 CORPORATE DR STE 125 BIRMINGHAM, AL 35242-2740 DOMINION SENIOR LIVING OF MT PLEASANT LLC CRC-1481 / 09/30/2014	118
Alzheimer Care: Yes Max # Resident: 18	Alzheimer Unit: Yes Max # Beds: 38	
Certifications: None		
SWEETGRASS COURT SENIOR LIVING COMMUNITY 1010 ANNA KNAPP BLVD MOUNT PLEASANT, SC 29464-5400 FAC.#:843-971-7756 CARLETON, KELLY J PH#: 843-971-7756 Facility Email: LICENSING@5SQC.COM	Charleston / Limited Liability 400 CENTRE ST NEWTON, MA 02458-2094 FIVE STAR QUALITY CARE-OBX OPERATOR LLC CRC-1428 / 12/31/2014	38
Alzheimer Care: Yes Max # Resident: 38	Alzheimer Unit: Yes Max # Beds: 38	
Certifications: None		

County: Charleston

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
SWEETGRASS VILLAGE ASSISTED LIVING COMMUNITY 601 MATHIS FERRY RD MOUNT PLEASANT, SC 29464-2623 FAC.#:843-881-9809 MCLEOD, LISA DICKEY PH#: 843-881-9809 Facility Email: LICENSING@5SQC.COM	Charleston / Limited Liability 601 MATHIS FERRY RD MOUNT PLEASANT, SC 29464-2623 FIVE STAR QUALITY CARE-OBX OPERATOR LLC CRC-1427 / 12/31/2014	85

Alzheimer Care:No	Max # Resident:0	Alzheimer Unit: No	Max # Beds: 0
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Certifications:None

TALL PINES ASSISTED LIVING 1771 ELM RD CHARLESTON, SC 29414-6343 FAC.#:843-763-8134 GADSDEN, ADA R PH#: 843-763-8134 Facility Email: TALLPINESRCH@YAHOO.COM	Charleston / Sole Proprietorship 1771 ELM RD CHARLESTON, SC 29414-6343 ADA R GADSDEN CRC-0531 / 08/31/2014	5
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Alzheimer Care:No	Max # Resident:0	Alzheimer Unit: No	Max # Beds: 0
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Certifications:None

VANWYEVER RESIDENTIAL CARE FACILITY 2009 COSGROVE AVE NORTH CHARLESTON, SC 29405-5702 FAC.#:843-744-6065 FULTON, RHODELLE W PH#: 843-744-6065 Facility Email: VANWYEVER1@AOL.COM	Charleston / Sole Proprietorship PO BOX 71184 NORTH CHARLESTON, SC 29415-1184 RHODELLE W FULTON CRC-0638 / 06/30/2014	10
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Alzheimer Care:No	Max # Resident:0	Alzheimer Unit: No	Max # Beds: 0
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Certifications:None

Totals For Facility/License Type: Community Residential Care Facility

Number of Activities/Facilities licensed: <u>58</u>	Number Licensed Units: <u>1,659</u>
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County: Charleston

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
DILLS BLUFF COMMUNITY RESIDENCE 936 DILLS BLUFF RD CHARLESTON, SC 29412-5316 FAC.#:843-805-5800 GOLDMINTZ, DAVID PH#: 843-762-2374 Facility Email: RMAGNER@DSNCC.COM	Charleston / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0131 / 10/31/2014	8

Totals For Facility/License Type: Habilitation R15Number of Activities/Facilities licensed: 1 Number Licensed Units: 8

Division of Health Licensing

County: Charleston

Facility Type: Home Health

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
AMEDISYS HOME HEALTH OF CHARLESTON 2675 LAKE PARK DR NORTH CHARLESTON, SC 29406-9100 FAC.#:843-553-1263 ROWLEY, KELLY PH#: 843-553-1263 Facility Email: 2203@AMEDISYS.COM Counties Served: Berkeley, Charleston, Dorchester License Restrictions: Physical Therapy: Y Speech Therapy: Y Occupational Therapy: Y Med. Social Services: Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N Other:	Charleston / Corporation 2675 LAKE PARK DR NORTH CHARLESTON, SC 29406-9100 AMEDISYS HOME HEALTH INC OF SOUTH CAROLINA HHA-0172 / 09/30/2014	3
AMEDISYS HOME HEALTH OF CHARLESTON EAST 1027 PHYSICIANS DR STE 210 CHARLESTON, SC 29414-5352 FAC.#:843-556-0200 GREER, ADRIANNE PH#: 843-556-0200 Facility Email: 2207@AMEDISYS.COM Counties Served: Berkeley, Charleston, Colleton, Dorchester, Hampton License Restrictions: Physical Therapy: Y Speech Therapy: Y Occupational Therapy: Y Med. Social Services: Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N Other:	Charleston / Ltd. Liability 1027 PHYSICIANS DR STE 210 CHARLESTON, SC 29414-5352 AMEDISYS SC LLC HHA-0191 / 01/31/2015	5
BRIGHTSTAR CARE OF CHARLESTON 4130 FABER PL DR STE 108 NORTH CHARLESTON, SC 29405-8502 FAC.#:843-300-3008 APPELEGATE, CYNDY T PH#: Facility Email: C.APPELEGATE@BRIGHTSTARCARE.COM Counties Served: Berkeley, Charleston, Dorchester License Restrictions: Physical Therapy: Y Speech Therapy: Y Occupational Therapy: Y Med. Social Services: Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N Other: IV-IG INFUSION	Charleston / Limited Liability 4130 FABER PL DR STE 108 NORTH CHARLESTON, SC 29405-8502 CLTA LLC HHA-0229 / 01/31/2015	3
FRANKLIN C FETTER HOME HEALTH AGENCY 51 NASSAU ST CHARLESTON, SC 29403-5500 FAC.#:843-722-4112 RAVENELL, RONALD A PH#: 843-722-4112 Facility Email: ROSY_NWAEZEIGWE@FCFETTER.COM Counties Served: Charleston License Restrictions: Physical Therapy: Y Speech Therapy: Y Occupational Therapy: Y Med. Social Services: Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N Other: NURSES AID	Charleston / Corporation 51 NASSAU ST CHARLESTON, SC 29403-5500 FRANKLIN C FETTER FAMILY HEALTH CENTER INC HHA-0018 / 12/31/2014	1

County: Charleston

Facility Type: Home Health

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
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GENTIVA HEALTH SERVICES-CHARLESTON

4975 LACROSS RD STE 354

CHARLESTON, SC 29406-6525 FAC.#:843-744-1191

JOHNSTON, ROBERT PH#:

Facility Email: Not on File

Charleston / Corporation

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12900 FOSTER ST STE 400, CORPORATE LICENSURE
DEPT

OVERLAND PARK, KS 66213-2696

GENTIVA CERTIFIED HEALTHCARE CORPORATION

HHA-0051 / 08/31/2014

Counties Served: Allendale, Bamberg, Beaufort, Berkeley, Charleston, Colleton, Dorchester,
Hampton, Jasper

License Restrictions:

Physical Therapy: Y Speech Therapy: Y Occupational Therapy: Y Med. Social Services: Y

Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N

Other:

INTERIM HEALTHCARE

3870 LEEDS AVE STE 104

NORTH CHARLESTON, SC 29405-7493 FAC.#:843-569-5510

THARP, PAULA S PH#: 843-569-5510

Facility Email: PTHARP@INTERIMHEALTHCARE.COM

Charleston / Limited Liability

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3870 LEEDS AVE STE 104

NORTH CHARLESTON, SC 29405-7493

LOWCOUNTRY NURSING GROUP LLC

HHA-0208 / 03/31/2015

Counties Served: Beaufort, Berkeley, Calhoun, Charleston, Colleton, Dorchester, Georgetown,
Hampton, Horry, Jasper, Lexington, Orangeburg, Richland

License Restrictions:

Physical Therapy: Y Speech Therapy: Y Occupational Therapy: Y Med. Social Services: Y

Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N

Other: PEDIATRIC HOME HEALTH 0-18 YOA

INTREPID USA HEALTHCARE SERVICES

2694 LAKE PARK DR 1ST FLOOR

NORTH CHARLESTON, SC 29406-9826 FAC.#:843-766-2929

RUPLE, WILLIAM B PH#: 843-553-2503

Facility Email: BROOKS.RUPLE@INTREPIDUSA.COM

Charleston / Corporation

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4055 VALLEY VIEW LN STE 500

DALLAS, TX 75244-5048

FC OF SOUTH CAROLINA INC

HHA-0180 / 06/30/2014

Counties Served: Allendale, Berkeley, Charleston, Colleton, Dorchester, Georgetown

License Restrictions:

Physical Therapy: Y Speech Therapy: Y Occupational Therapy: Y Med. Social Services: Y

Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N

Other:

County: Charleston

Facility Type: Home Health

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
PHC HOME HEALTH 1923-D MAYBANK HWY CHARLESTON, SC 29412-2115 FAC.#:843-762-3601 DURRENCE, HUGH D PH#: 843-762-3601 Facility Email: LORIWOOD@PHCHEALTH.COM	Charleston / Corporation 1923-D MAYBANK HWY CHARLESTON, SC 29412 HEDGEMARK BRENTWOOD MEDICAL SERVICES INC HHA-0084 / 03/31/2015	46
Counties Served: Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Kershaw, Lancaster, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, Williamsburg, York		
License Restrictions: Physical Therapy: Y Speech Therapy: Y Occupational Therapy: Y Med. Social Services: Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N Other:		
ROBERTS IN-HOME NURSING SERVICES (HHA) 3605 MEETING STREET RD STE B1 NORTH CHARLESTON, SC 29405-8095 FAC.#:843-552-8165 ROBERTS, EARNESTINE PH#: 843-552-8165 Facility Email: ROBERTS4CARE@YAHOO.COM	Charleston / Limited Liability 156 MANSFIELD BLVD NORTH CHARLESTON, SC 29418-2001 ROBERTS IN-HOME NURSING SERVICES LLC HHA-0234 / 02/28/2015	1
Counties Served: Charleston License Restrictions: Physical Therapy: N Speech Therapy: N Occupational Therapy: N Med. Social Services: N Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N Other: SN WITH MD ORDERS		
ROPER-ST FRANCIS HOME HEALTH CARE 1483 TOBIAS GADSON BLVD STE 208 CHARLESTON, SC 29407-4796 FAC.#:843-402-7000 MELLO, BONNIE C PH#: 843-402-7000 Facility Email: ROPERSAINTFRANCIS.COM	Charleston / Non-Profit Corporation 1483 TOBIAS GADSON BLVD STE 208 CHARLESTON, SC 29407-4796 ROPER HOSPITAL INC HHA-0062 / 12/31/2014	10
Counties Served: Beaufort, Berkeley, Charleston, Colleton, Dorchester, Georgetown, Hampton, Jasper, Lancaster, York License Restrictions: Physical Therapy: Y Speech Therapy: Y Occupational Therapy: Y Med. Social Services: Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N Other: REGISTERED DIETITIAN/CDE; CERTIFIED WOUND AND OSTOMY NURSES; TELEMONITORING		

County: Charleston

Facility Type: Home Health

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
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SEA ISLAND HOME HEALTH 3627 MAYBANK HWY JOHNS ISLAND, SC 29455-4836 FAC.#:843-559-3190 RUCKER, TUMIKO PH#: 843-768-9166 Facility Email: TRR@SICHCC.ORG	Charleston / Non-Profit Corporation 3627 MAYBANK HWY JOHNS ISLAND, SC 29455-4836 SEA ISLAND COMPREHENSIVE HEALTH CARE CORPORATION HHA-0025 / 04/30/2015	2
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Counties Served: Charleston, Colleton

License Restrictions:

Physical Therapy: Y Speech Therapy: Y Occupational Therapy: Y Med. Social Services: Y
Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N

Other: SKILLED NURSING

Totals For Facility/License Type: Home HealthNumber of Activities/Facilities licensed: 11 Number Licensed Units: 99

County: Charleston

Facility Type: Hospice Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
HOSPICE CENTER OF HOSPICE OF CHARLESTON 676 WANDO PARK BLVD MOUNT PLEASANT, SC 29464-7936 FAC.#:843-654-5755 FEAGIN, ROSINA PH#: 843-529-3100 Facility Email: MELISSA.KIRCH@GENTIVA.COM	Charleston / Ltd. Liability 12900 FOSTER ST STE 400 OVERLAND PARK, KS 66213-2696 WIREGRASS HOSPICE OF SOUTH CAROLINA LLC HPF-0005 / 08/31/2014	20

Totals For Facility/License Type: Hospice FacilityNumber of Activities/Facilities licensed: 1 Number Licensed Units: 20

Division of Health Licensing

County: Charleston

Facility Type: Hospice Program

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
AGAPE HOSPICE OF THE LOW COUNTRY 9301 MEDICAL PLAZA DR CHARLESTON, SC 29406-9103 FAC.#:843-533-7122 BLANCHARD, PENNY PH#: 843-645-2290 Facility Email: PBLANCHARD@AGAPESENIOR.COM	Charleston / Corporation 9301 MEDICAL PLAZA DR CHARLESTON, SC 29406-9103 AGAPE HOSPICE OF THE LOW COUNTRY INC HPC-0124 / 06/30/2014	15
Counties Served: Allendale, Bamberg, Barnwell, Beaufort, Berkeley, Charleston, Clarendon, Colleton, Dorchester, Florence, Hampton, Jasper, Orangeburg, Sumter, Williamsburg		
BEACON HOSPICE 501 WANDO PARK BLVD STE 100 MOUNT PLEASANT, SC 29464-7870 FAC.#:843-972-0500 TAYLOR, SHARON PH#: 843-972-0500 Facility Email: STAYLOR@BEACONHOSPICESC.COM	Charleston / Limited Liability 501 WANDO PARK BLVD STE 100 MOUNT PLEASANT, SC 29464-7870 BEACON HOSPICE LLC HPC-0113 / 03/31/2015	46
Counties Served: Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Kershaw, Lancaster, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, Williamsburg, York		
CAROLINA HOSPICE CARE 410 MILL ST STE 104 MOUNT PLEASANT, SC 29464-4300 FAC.#:843-849-5910 CLENDANIEL, ANN PH#: Facility Email: INFO@CAROLINAHOSPICECARE.COM	Charleston / Corporation 410 MILL ST STE 104 MOUNT PLEASANT, SC 29464-4300 CAROLINA HOSPICE CARE INC HPC-0052 / 05/31/2015	3
Counties Served: Berkeley, Charleston, Dorchester		
HEARTLAND HOSPICE SERVICES-CHARLESTON 1064 GARDNER RD STE 204 CHARLESTON, SC 29407-5712 FAC.#:843-766-7646 BROOKS, LYNN T PH#: 843-766-7646 Facility Email: 4662ADMIN@HCR-MANORCARE.COM	Charleston / Limited Liability 1064 GARDNER RD STE 204 CHARLESTON, SC 29407-5712 HEARTLAND HOSPICE SERVICES LLC HPC-0136 / 12/31/2014	12
Counties Served: Bamberg, Beaufort, Berkeley, Charleston, Clarendon, Colleton, Dorchester, Georgetown, Hampton, Jasper, Orangeburg, Williamsburg		
HOSPICE OF CHARLESTON 4975 LACROSS RD STE 200 CHARLESTON, SC 29406-6531 FAC.#:843-529-3100 FEAGIN, ROSINA PH#: 843-529-3100 Facility Email: Not on File	Charleston / Ltd. Liability 12900 FOSTER ST STE 400 OVERLAND PARK, KS 66213-2696 WIREGRASS HOSPICE OF SOUTH CAROLINA LLC HPC-0007 / 08/31/2014	3
Counties Served: Berkeley, Charleston, Dorchester		

County: Charleston

Facility Type: Hospice Program

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
INTREPID USA HOSPICE-LOW COUNTRY 2694 LAKE PARK DR 1ST FLOOR NORTH CHARLESTON, SC 29406-9826 FAC.#:843-553-2503 RUPLE, WILLIAM B PH#: 843-553-2503 Facility Email: BROOKS.RUPLE@INTREPIDUSA.COM	Charleston / Corporation 4055 VALLEY VIEW LN STE 500 DALLAS, TX 75244-5048 INTREPID USA INC HPC-0166 / 09/30/2014	10
Counties Served: Allendale, Bamberg, Berkeley, Calhoun, Charleston, Colleton, Dorchester, Georgetown, Hampton, Orangeburg		
ODYSSEY HOSPICE 5965 CORE AVE STE 603 NORTH CHARLESTON, SC 29406-6087 FAC.#:843-554-4048 DURANT, ANNE O PH#: 843-554-4048 Facility Email: MELISSA.KIRCH@GENTIVA.COM	Charleston / Limited Liability Limited Partnership 12906 POSTER ST STE 400, CORPORATE LICENSURE DEPT STE 400 OVERLAND PARK, KS 66213-2696 ODYSSEY HEALTHCARE OPERATING B LP HPC-0071 / 06/30/2014	4
Counties Served: Berkeley, Charleston, Colleton, Dorchester		
ROPER HOSPICE 1483 TOBIAS GADSON BLVD STE 208A CHARLESTON, SC 29407-4796 FAC.#:843-402-7000 MELLO, BONNIE C PH#: 843-402-7000 Facility Email: BONNIE.MELLO@RSFH.COM	Charleston / Non-Profit Corporation 1483 TOBIAS GADSON BLVD STE 208 CHARLESTON, SC 29407-4796 ROPER HOSPITAL INC HPC-0164 / 01/31/2015	8
Counties Served: Beaufort, Berkeley, Charleston, Colleton, Dorchester, Georgetown, Hampton, Jasper		
SOUTHERNCARE-CHARLESTON 9294 MEDICAL PLAZA DR CHARLESTON, SC 29406-9125 FAC.#:843-569-0870 SMITH, PAMELA PH#: Facility Email: CHARLESTON@SOUTHERNCAREINC.COM	Charleston / Corporation 9294 MEDICAL PLAZA DR CHARLESTON, SC 29406-9125 SOUTHERNCARE INC HPC-0080 / 02/28/2015	8
Counties Served: Bamberg, Berkeley, Charleston, Colleton, Dorchester, Georgetown, Hampton, Orangeburg		
TRANSITIONS HOSPICE CARE OF GEORGIA 9229 UNIVERSITY BLVD STE F2C NORTH CHARLESTON, SC 29406-8908 FAC.#:843-553-9540 GRANT, ALISON PH#: Facility Email: AGRANT@TRANSITIONSHC.COM	Charleston / Corporation 1202 N TENNESSEE ST STE 101 CARTERSVILLE, GA 30120-2156 TRANSITIONS HOSPICE CARE OF GEORGIA INC HPC-0149 / 03/31/2015	4
Counties Served: Berkeley, Charleston, Colleton, Dorchester		

Totals For Facility/License Type: Hospice ProgramNumber of Activities/Facilities licensed: 10 Number Licensed Units: 113

County: Charleston

Facility Type: Hospital or Institutional General Infirmary

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
BON SECOURS-ST FRANCIS XAVIER HOSPITAL 2095 HENRY TECKLENBURG DR CHARLESTON, SC 29414-5734 FAC.#:843-402-1000 CARROLL, ALLEN P PH#: 843-402-1006 Facility Email: ALLEN.CARROLL@RSFH.COM	Charleston / Non-Profit Corporation 2095 HENRY TECKLENBURG DR CHARLESTON, SC 29414-5734 BON SECOURS-ST FRANCIS XAVIER HOSPITAL INC HTL-0750 / 07/31/2014	204
Licensed Beds: General: 204 Psychiatric: 0 Rehab: 0 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 11		
Certifications:Trauma Center Level III, Perinatal Level II, JCAHO Accredited		
CITADEL INFIRMARY 171 MOULTRIE ST, CITADEL INFIRMARY CHARLESTON, SC 29409-0001 FAC.#:843-953-6847 CAPELL, CAREY M PH#: 843-953-6847 Facility Email: CAREY.CAPELL@CITADEL.EDU	Charleston / State 171 MOULTRIE ST, THE CITADEL CHARLESTON, SC 29409-0001 BOARD OF VISITORS THE CITADEL HTL-0035 / 05/31/2015	38
Licensed Beds: General: 38 Psychiatric: 0 Rehab: 0 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 0		
Certifications:None		
EAST COOPER MEDICAL CENTER 2000 HOSPITAL DR MOUNT PLEASANT, SC 29464-3764 FAC.#:843-416-6210 ALEXANDER, JASON P PH#: 843-881-0100 Facility Email: JASON.ALEXANDER@TENETHEALTH.COM	Charleston / Corporation 2000 HOSPITAL DR MOUNT PLEASANT, SC 29464-3764 EAST COOPER COMMUNITY HOSPITAL INC HTL-0447 / 03/31/2015	130
Licensed Beds: General: 130 Psychiatric: 0 Rehab: 0 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 10		
Certifications:Abortions, Trauma Center Level III, Perinatal Level II, JCAHO Accredited		
HEALTHSOUTH REHABILITATION HOSPITAL OF CHARLESTON 9181 MEDCOM ST NORTH CHARLESTON, SC 29406-9184 FAC.#:843-820-7762 POWELL, TROY G PH#: 843-820-7777 Facility Email: TROY.POWELL@HEALTHSOUTH.COM	Charleston / Limited Liability 9181 MEDCOM ST NORTH CHARLESTON, SC 29406-9184 TRIDENT NEUROSCIENCES CENTER LLC HTL-0648 / 12/31/2014	49
Licensed Beds: General: 0 Psychiatric: 0 Rehab: 49 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 0		
Certifications:JCAHO Accredited		
MOUNT PLEASANT HOSPITAL 3500 HWY 17 N MOUNT PLEASANT, SC 29466-9123 FAC.#:843-724-2954 SULLIVAN, JOHN PH#: 843-724-2954 Facility Email: JOHN.SULLIVAN@RSFH.COM	Charleston / Non-Profit Corporation 3510 HWY 17 N STE 200 MOUNT PLEASANT, SC 29466-8229 ROPER ST FRANCIS MOUNT PLEASANT HOSPITAL HTL-0909 / 10/31/2014	85
Licensed Beds: General: 85 Psychiatric: 0 Rehab: 0 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 0		
Certifications:Perinatal Level I, JCAHO Accredited		

Division of Health Licensing

County: Charleston

Facility Type: Hospital or Institutional General Infirmary

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
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MUSC MEDICAL CENTER 169 ASHLEY AVE CHARLESTON, SC 29425-8905 FAC.#:843-792-3232 CAWLEY MD, PATRICK J PH#: Facility Email: SMITHSTU@MUSC.EDU	Charleston / District 169 ASHLEY AVE CHARLESTON, SC 29425-8905 MEDICAL UNIVERSITY HOSPITAL AUTHORITY HTL-0811 / 11/30/2014	709
Licensed Beds: General: 604 Psychiatric: 82 Rehab: 0 Substance Abuse: 23 Other Beds : NICU: 16 Neonatal Special Care: 50		

Certifications:Abortions, Trauma Center Level I, Perinatal Level III Regional, JCAHO Accredited

PALMETTO LOWCOUNTRY BEHAVIORAL HEALTH 2777 SPEISSEGGER DR NORTH CHARLESTON, SC 29405-8229 FAC.#:843-747-5830 BAKER, SHARI PH#: 843-747-5830 Facility Email: SHARI.BAKER@UHSINC.COM	Charleston / Limited Liability 2777 SPEISSEGGER DR NORTH CHARLESTON, SC 29405-8229 PALMETTO LOWCOUNTRY BEHAVIORAL HEALTH LLC HTL-0729 / 08/31/2014	108
Licensed Beds: General: 0 Psychiatric: 92 Rehab: 0 Substance Abuse: 16 Other Beds : NICU: 0 Neonatal Special Care: 0		

Certifications:JCAHO Accredited

ROPER HOSPITAL 316 CALHOUN ST CHARLESTON, SC 29401-1125 FAC.#:843-724-2901 SEVERANCE, MATTHEW J PH#: 843-724-2901 Facility Email: MATT.SEVERANCE@RSFH.COM	Charleston / Non-Profit Corporation 316 CALHOUN ST CHARLESTON, SC 29401-1125 ROPER HOSPITAL INC HTL-0063 / 10/31/2014	368
Licensed Beds: General: 316 Psychiatric: 0 Rehab: 52 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 0		

Certifications:Trauma Center Level III, JCAHO Accredited

SHERIFF AL CANNON DETENTION CENTER 3841 LEEDS AVE N CHARLESTON, SC 29405-7469 FAC.#:843-529-7300 BEATTY, WILLIS L PH#: Facility Email: LHICKS@CHARLESTONCOUNTY.ORG	Charleston / County 3841 LEEDS AVE NORTH CHARLESTON, SC 29405 CHARLESTON COUNTY SHERIFF'S OFFICE HTL-0908 / 06/30/2015	22
Licensed Beds: General: 22 Psychiatric: 0 Rehab: 0 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 0		

Certifications:None

TRIDENT MEDICAL CENTER 9330 MEDICAL PLAZA DR N CHARLESTON, SC 29406-9104 FAC.#:843-847-4100 GALATI, TODD PH#: 843-797-7000 Facility Email: TODD.GALLATI@HCAHEALTHCARE.COM	Charleston / Ltd. Liability 9330 MEDICAL PLAZA DR N CHARLESTON, SC 29406-9104 TRIDENT MEDICAL CENTER LLC HTL-0777 / 04/30/2015	310
Licensed Beds: General: 296 Psychiatric: 0 Rehab: 14 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 10		

Certifications:Abortions, Trauma Center Level III, Perinatal Level II, JCAHO Accredited

County: Charleston

Facility Type: Hospital or Institutional General Infirmary

Facility Name	County/Ownership Type	Licensed Units
Location Street	Mailing/Billing Address	
Location City, State	Licensee	
Administrator/Phone	License Nbr/Expiration Date	

VIBRA HOSPITAL OF CHARLESTON	Charleston / Limited Liability	59
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1200 HOSPITAL DR

MOUNT PLEASANT, SC 29464-3251 FAC.#:843-876-8340

MILLER, PAUL PH#: 843-876-8340

VIBRA HOSPITAL OF CHARLESTON LLC

Facility Email: PAUL.MILLER@KINDRED.COM

HTL-0764 / 08/31/2014

Licensed Beds: General: 59 Psychiatric: 0 Rehab: 0 Substance Abuse: 0

Other Beds : NICU: 0 Neonatal Special Care: 0

Certifications: JCAHO Accredited

Totals For Facility/License Type: Hospital or Institutional General InfirmaryNumber of Activities/Facilities licensed: 11 Number Licensed Units: 2,082

County: Charleston

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
BISHOP GADSDEN EPISCOPAL HEALTH CARE CENTER 3 BISHOP GADSDEN WAY CHARLESTON, SC 29412-3500 FAC.#:843-762-3300 TRAWICK, C WILLIAM PH#: 843-762-3300 Facility Email: BILL.TRAWICK@BISHOPGADSDEN.ORG	Charleston / Non-Profit Corporation 1 BISHOP GADSDEN WAY CHARLESTON, SC 29412-3501 BISHOP GADSDEN EPISCOPAL RETIREMENT COMMUNITY NCF-0577 / 04/30/2015	50
Licensed Beds: Nursing Home: 41 Institutional Nursing Home: 9 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0 Certifications:None		
FRANKE HEALTH CARE CENTER 1885 RIFLE RANGE RD MOUNT PLEASANT, SC 29464-9440 FAC.#:843-856-4700 STOLL, SANDRA A PH#: 843-856-4700 Facility Email: SSTOLL@FRANKEATSEASIDE.ORG	Charleston / Non-Profit Corporation 1885 RIFLE RANGE RD MOUNT PLEASANT, SC 29464-9440 LUTHERAN HOMES OF SOUTH CAROLINA INC (NPC) NCF-0800 / 07/31/2014	44
Licensed Beds: Nursing Home: 44 Institutional Nursing Home: 0 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0 Certifications:None		
HARVEST HEALTH & REHAB OF JOHNS ISLAND 3647 MAYBANK HWY JOHNS ISLAND, SC 29455-4825 FAC.#:843-559-5888 BYRD-BYRUM, DENA L PH#: 864-269-3725 Facility Email: DBYRUM@COVENANTDOVE.COM	Charleston / Limited Liability 3647 MAYBANK HWY JOHNS ISLAND, SC 29455-4825 NEW HARVEST HEALTH AND REHAB OF JOHNS ISLAND LLC NCF-0911 / 11/30/2014	132
Licensed Beds: Nursing Home: 132 Institutional Nursing Home: 0 Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: No Max # Beds: 0 Certifications:None		
HEARTLAND OF WEST ASHLEY REHABILITATION AND NURSING CENTER 1137 SAM RITTENBERG BLVD CHARLESTON, SC 29407-3370 FAC.#:843-763-0233 LESTER, TRISTAN PH#: Facility Email: 531-ADMIN@HCR-MANORCARE.COM	Charleston / Limited Liability 1137 SAM RITTENBERG BLVD CHARLESTON, SC 29407-3370 WEST ASHLEY REHABILITATION AND NURSING CENTER - CHARLESTON SC LLC NCF-0413 / 12/31/2014	125
Licensed Beds: Nursing Home: 125 Institutional Nursing Home: 0 Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0 Certifications:None		

County: Charleston

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
LIFE CARE CENTER OF CHARLESTON 2600 ELMS PLANTATION BLVD NORTH CHARLESTON, SC 29406-9180 FAC.#:843-764-3500 CLIETT, BETH A PH#: 843-764-3500 Facility Email: Not on File	Charleston / Ltd. Liability 2600 ELMS PLANTATION BLVD NORTH CHARLESTON, SC 29406-9180 CHARLESTON MEDICAL INVESTORS LLC NCF-0878 / 11/30/2014	148

Licensed Beds: Nursing Home: 148 Institutional Nursing Home: 0

Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

MOUNT PLEASANT MANOR 921 BOWMAN RD MOUNT PLEASANT, SC 29464-3234 FAC.#:843-884-8903 WHITE, BRUCE L PH#: 843-884-8903 Facility Email: BWHITE@MOUNTPLEASANTMANOR.COM	Charleston / Ltd. Liability 921 BOWMAN RD MOUNT PLEASANT, SC 29464-3234 MOUNT PLEASANT MANOR LLC NCF-0896 / 05/31/2015	132
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Licensed Beds: Nursing Home: 132 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

NHC HEALTHCARE CHARLESTON 2230 ASHLEY CROSSING DR CHARLESTON, SC 29414-5700 FAC.#:843-766-5228 ATKINSON, ANGELA PH#: 843-766-5228 Facility Email: ANGATK@GMAIL.COM	Charleston / Limited Liability 2230 ASHLEY CROSSING DR CHARLESTON, SC 29414-5700 NHC HEALTHCARE-CHARLESTON LLC NCF-0871 / 09/30/2014	88
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Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

RIVERSIDE HEALTH AND REHAB 2375 BAKER HOSPITAL BLVD NORTH CHARLESTON, SC 29405-8291 FAC.#:843-744-2750 COURY, WILLIAM V PH#: 803-796-8024 Facility Email: JIM.THOMAS@FUNDLTC.COM	Charleston / Ltd. Liability 2375 BAKER HOSPITAL BLVD NORTH CHARLESTON, SC 29405-8291 THI OF SOUTH CAROLINA AT CHARLESTON LLC NCF-0870 / 08/31/2014	160
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Licensed Beds: Nursing Home: 160 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

County: Charleston

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
SANDPIPER REHAB & NURSING 1049 ANNA KNAPP BLVD MOUNT PLEASANT, SC 29464-3133 FAC.#:843-881-3210 FOREMAN, SUSAN PH#: 843-881-3210 Facility Email: REFER@SANDPIPERCENTER.COM	Charleston / Limited Liability 1049 ANNA KNAPP BLVD MOUNT PLEASANT, SC 29464-3133 SANDPIPER REHAB & NURSING-DELAWARE LLC NCF-0876 / 10/31/2014	176

Licensed Beds: Nursing Home: 176 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

SAVANNAH GRACE AT THE PALMS OF MT PLEASANT 1010 LAKE HUNTER CIR MOUNT PLEASANT, SC 29464-5417 FAC.#:843-388-2030 CARR, JOSEPH J PH#: 864-868-2307 Facility Email: Not on File	Charleston / 1010 LAKE HUNTER CIR MOUNT PLEASANT, SC 29464-5417 SNH SE SG TENANT LLC NCF-0926 / 06/30/2014	42
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Licensed Beds: Nursing Home: 42 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

VIBRA HOSPITAL OF CHARLESTON-TCU 1200 HOSPITAL DR MOUNT PLEASANT, SC 29464-3251 FAC.#:843-375-4200 CASE, KARLENE PH#: 843-375-4200 Facility Email: TINA.MCDONALD@KINDRED.COM	Charleston / Limited Liability 4550 LENA DR STE 225 MECHANICSBURG, PA 17055-4920 VIBRA HOSPITALOF CHARLESTON LLC NCF-0960 / 08/31/2014	35
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Licensed Beds: Nursing Home: 35 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

WHITE OAK MANOR CHARLESTON 9285 MEDICAL PLAZA DR N CHARLESTON, SC 29406-9126 FAC.#:843-797-8282 WALKER, RUTH P PH#: 843-797-8282 Facility Email: Not on File	Charleston / Corporation 9285 MEDICAL PLAZA DR N CHARLESTON, SC 29406-9126 WHITE OAK MANOR CHARLESTON INC NCF-0892 / 12/31/2014	176
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Licensed Beds: Nursing Home: 176 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type: Nursing HomeNumber of Activities/Facilities licensed: 12 Number Licensed Units: 1,308

County: Charleston

Facility Type: PSAD Inpatient

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
CHARLESTON CENTER NEW LIFE UNIT	Charleston / County	16
5 CHARLESTON CENTER DR	5 CHARLESTON CENTER DR	
CHARLESTON, SC 29401-1162 FAC.#:843-958-3300	CHARLESTON, SC 29401-1162	
OLIVER, RICHARD H PH#: 843-958-3300	CHARLESTON COUNTY COUNCIL	
Facility Email: ROLIVER@CHARLESTONCOUNTY.ORG	ITP-0020 / 05/31/2015	
Licensed Beds:Medical Detox: 0 Social Detox: 0 Res. Trestment Program: 16		
CHARLESTON CENTER SUBACUTE DETOXIFICATION PROGRAM	Charleston / County	16
5 CHARLESTON CENTER DR	5 CHARLESTON CENTER DR	
CHARLESTON, SC 29401-1162 FAC.#:843-958-3300	CHARLESTON, SC 29401-1162	
OLIVER, RICHARD H PH#: 843-958-3300	CHARLESTON COUNTY COUNCIL	
Facility Email: ROLIVER@CHARLESTONCOUNTY.ORG	ITP-0018 / 05/31/2015	
Licensed Beds:Medical Detox: 16 Social Detox: 0 Res. Trestment Program: 0		
CHARLESTON CENTER TRANSITIONAL CARE UNIT	Charleston / County	12
5 CHARLESTON CENTER DR	5 CHARLESTON CENTER DR	
CHARLESTON, SC 29401-1162 FAC.#:843-958-3300	CHARLESTON, SC 29401-1162	
OLIVER, RICHARD H PH#: 843-958-3300	CHARLESTON COUNTY COUNCIL	
Facility Email: ROLIVER@CHARLESTONCOUNTY.ORG	ITP-0019 / 05/31/2015	
Licensed Beds:Medical Detox: 0 Social Detox: 0 Res. Trestment Program: 12		

Totals For Facility/License Type: PSAD InpatientNumber of Activities/Facilities licensed: 3 Number Licensed Units: 44

County: Charleston

Facility Type: PSAD Outpatient

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
ALTERNATIVES LIFE IMPROVEMENT CENTER 2114 COSGROVE AVE NORTH CHARLESTON, SC 29405-7755 FAC.#:843-767-4477 HARRINGTON, HEATHER A PH#: 843-767-4477 Facility Email: Not on File	Charleston / Corporation 2114 COSGROVE AVE NORTH CHARLESTON, SC 29405-7755 ALTERNATIVES LIFE IMPROVEMENT CENTER INC OTP-0098 / 11/30/2014	1
Certifications:None		
CENTER FOR BEHAVIORAL HEALTH SOUTH CAROLINA 2301 COSGROVE AVE STE F NORTH CHARLESTON, SC 29405-7663 FAC.#:843-529-0700 PH#: Facility Email: BRANT.MASSMAN@CENTERFORBEHAVIORALHEALTH	Charleston / Corporation PO BOX 897 BOISE, ID 83701 CENTER FOR BEHAVIORAL HEALTH SOUTH CAROLINA INC OTPN-0054 / 04/30/2015	1
Certifications:Narcotics Treatment Program, Methodone Treatment Program		
CENTER FOR BEHAVIORAL HEALTH SPECIAL SERVICES 2301 COSGROVE AVE STE F NORTH CHARLESTON, SC 29405-7663 FAC.#:843-529-0700 MARTIN, CHRISTINE PH#: 843-529-0700 Facility Email: BRANT.MASSMAN@CENTERFORBEHAVIORALHEALTH.	Charleston / Corporation 2301 COSGROVE AVE STE F NORTH CHARLESTON, SC 29405-7663 CENTER FOR BEHAVIORAL HEALTH SOUTH CAROLINA INC OTP-0069 / 02/28/2015	1
Certifications:Methodone Treatment Program		
CHARLESTON CENTER 5 CHARLESTON CENTER DR CHARLESTON, SC 29401-1162 FAC.#:843-958-3300 OLIVER, RICHARD H PH#: 843-958-3300 Facility Email: ROLIVER@CHARLESTONCOUNTY.ORG	Charleston / County 5 CHARLESTON CENTER DR CHARLESTON, SC 29401-1162 CHARLESTON COUNTY COUNCIL OTPN-0047 / 02/28/2015	1
Certifications:Narcotics Treatment Program, Methodone Treatment Program		
NEW DIRECTION BEHAVIORAL HEALTH 9225 UNIVERSITY BLVD STE E2C NORTH CHARLESTON, SC 29406-9149 FAC.#:843-442-7484 KEY, HELENE J PH#: 843-442-7484 Facility Email: HELENE.KEY@COMCAST.NET	Charleston / Limited Liability 9225 UNIVERSITY BLVD STE E2C NORTH CHARLESTON, SC 29406-9149 NEW DIRECTION BEHAVIORAL HEALTH LLC OTP-0103 / 03/31/2014 (Renewal Pending)	1
Certifications:None		
POSITIVE FEEDBACK PROFESSIONAL COUNSELING ASSOCIATES 5000 RIVERS AVE NORTH CHARLESTON, SC 29406-6304 FAC.#:843-744-1447 CHALK, STAUNTON G PH#: 843-276-0542 Facility Email: CHALKG@COMCAST.NET	Charleston / Limited Liability 5000 RIVERS AVE NORTH CHARLESTON, SC 29406-6304 POSITIVE FEEDBACK PROFESSIONAL COUNSELING ASSOCIATES LLC OTP-0063 / 08/31/2014	1
Certifications:None		

County: Charleston

Facility Type: PSAD Outpatient

Facility Name	County/Ownership Type	Licensed
Location Street	Mailing/Billing Address	Units
Location City, State	Licensee	
Administrator/Phone	License Nbr/Expiration Date	

Totals For Facility/License Type: PSAD OutpatientNumber of Activities/Facilities licensed: 6 Number Licensed Units: 6

County: Charleston

Facility Type: Renal Dialysis

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
CHARLES TOWNE DIALYSIS 1964 ASHLEY RIVER RD STE D-3 CHARLESTON, SC 29407 FAC.#:843-852-3537 MASSE, JENNIFER PH#: 843-747-3447 Facility Email: Not on File	Charleston / Limited Liability 5200 VIRGINIA WAY STE 400, LICENSING AND CERTIFICATION BRENTWOOD, TN 37027-7569 POINTE DIALYSIS LLC ERD-0198 / 03/31/2015	20
Licensed Stations: Hemodialysis: 20 Peritoneal: 0		
CHARLES TOWNE HOME PROGRAM 1964 ASHLEY RIVER RD STE D-2 CHARLESTON, SC 29407-4782 FAC.#:843-573-8767 JENNINGS RN, LUCRETIA D PH#: 000-000-0000 Facility Email: Not on File	Charleston / Limited Liability 5200 VIRGINIA WAY STE 400, LICENSING AND CERTIFICATION BRENTWOOD, TN 37027-7569 COAST DIALYSIS LLC ERD-0197 / 03/31/2015	4
Licensed Stations: Hemodialysis: 0 Peritoneal: 4		
DCI AZALEA PLACE 2270 TECHNICAL PKWY NORTH CHARLESTON, SC 29406-4930 FAC.#:843-863-8974 HINMAN RN, KAREN N PH#: 000-000-0000 Facility Email: SUSAN.WATTS@DCIINC.ORG	Charleston / Corporation 1411 KING ST CHARLESTON, SC 29403-3008 DIALYSIS CLINIC INC ERD-0006 / 08/31/2014	20
Licensed Stations: Hemodialysis: 20 Peritoneal: 0		
DCI EAST OF THE COOPER 1088 JOHNNIE DODDS BLVD MOUNT PLEASANT, SC 29464-3142 FAC.#:843-881-8344 GREEN, EMMA KELLEY PH#: 843-853-3399 Facility Email: SUSAN.WATTS@DCIINC.ORG	Charleston / Corporation 1411 KING ST CHARLESTON, SC 29403-3008 DIALYSIS CLINIC INC ERD-0043 / 07/31/2014	16
Licensed Stations: Hemodialysis: 16 Peritoneal: 0		
DCI JAMES ISLAND 959 FOLLY RD CHARLESTON, SC 29412-3919 FAC.#:843-795-8386 DAVIS, KATHRYN H PH#: 864-675-6421 Facility Email: SUSAN.WATTS@DCLINIC.ORG	Charleston / Corporation 1411 KING ST CHARLESTON, SC 29403-3008 DIALYSIS CLINIC INC ERD-0094 / 02/28/2015	16
Licensed Stations: Hemodialysis: 16 Peritoneal: 0		
DCI MAGNOLIA COURT 1427 KING ST CHARLESTON, SC 29403-3008 FAC.#:843-853-3399 CURD, JERRISUE PH#: 843-853-3399 Facility Email: SUSANWATTS@DCIINC.ORG	Charleston / Corporation 1411 KING ST CHARLESTON, SC 29403-3008 DIALYSIS CLINIC INC ERD-0074 / 11/30/2014	17
Licensed Stations: Hemodialysis: 17 Peritoneal: 0		

County: Charleston

Facility Type: Renal Dialysis

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
DCI WEST OF THE ASHLEY 46 MARKFIELD DR STE B CHARLESTON, SC 29407-6982 FAC.#:843-766-2317 ROOT RN, MICHELLE ELIZABETH PH#: 843-766-2317 Facility Email: SUSAN.WATTS@DCIINC.ORG	Charleston / Corporation 1411 KING ST CHARLESTON, SC 29403-3008 DIALYSIS CLINIC INC ERD-0008 / 08/31/2014	23
Licensed Stations: Hemodialysis: 23 Peritoneal: 0		
FABER PLACE DIALYSIS 3801 FABER PL DR NORTH CHARLESTON, SC 29405-8533 FAC.#:843-377-1566 CADDELL RN, LESLIE L PH#: Facility Email: Not on File	Charleston / Corporation 5200 VIRGINIA WAY STE 400, LICENSING AND CERTIFICATION BRENTWOOD, TN 37027-7569 TOTAL RENAL CARE INC ERD-0166 / 09/30/2014	17
Licensed Stations: Hemodialysis: 17 Peritoneal: 0		
FMC NORTH CHARLESTON 2450 ELMS CENTER RD NORTH CHARLESTON, SC 29406-9858 FAC.#:843-553-4742 MCCURRY, SHERRY PH#: 843-553-4742 Facility Email: SHERRY.MCCURRY@FMC-NA.COM	Charleston / Limited Liability 1550 W MCEWEN DR STE 500 FRANKLIN, TN 37067-1731 RAI CARE CENTERS OF SOUTH CAROLINA I LLC ERD-0154 / 05/31/2015	21
Licensed Stations: Hemodialysis: 21 Peritoneal: 0		
FRESENIUS MEDICAL CARE CHARLESTON COUNTY 901 VON KOLNITZ RD MOUNT PLEASANT, SC 29464-3238 FAC.#:843-881-4842 HEYWARD, QUINTELLA H PH#: 843-884-3115 Facility Email: Not on File	Charleston / Corporation 901 VON KOLNITZ RD MOUNT PLEASANT, SC 29464-3238 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC ERD-0193 / 11/30/2014	12
Licensed Stations: Hemodialysis: 11 Peritoneal: 2		
HOLLYWOOD RAVENEL DIALYSIS CLINIC PO BOX 487 RAVENEL, SC 29470 FAC.#:843-571-4599 RICHARDS, STEPHANIE L PH#: 843-571-4599 Facility Email: MARK.MAHVI@FMC-NA.COM	Charleston / Limited Liability PO BOX 487 RAVENEL, SC 29470 NRA-HOLLYWOOD SOUTH CAROLINA LLC ERD-0157 / 03/31/2015	16
Licensed Stations: Hemodialysis: 16 Peritoneal: 0		
MOUNT PLEASANT DIALYSIS CLINIC 1028 EWALL ST MOUNT PLEASANT, SC 29464-3046 FAC.#:843-884-3115 JONES RN, SUSAN COOK PH#: 843-884-3115 Facility Email: BEN.DELP@RENALADVANTAGE.COM	Charleston / Limited Liability 1550 W MCEWEN DR STE 500 FRANKLIN, TN 37067-1731 NRA-MT PLEASANT SOUTH CAROLINA LLC ERD-0148 / 08/31/2014	16
Licensed Stations: Hemodialysis: 16 Peritoneal: 1		

County: Charleston

Facility Type: Renal Dialysis

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
NORTH CHARLESTON DIALYSIS 5900 RIVERS AVE UNIT E NORTH CHARLESTON, SC 29406-6082 FAC.#:843-747-3447 MASSE, JENNIFER PH#: 843-747-3447 Facility Email: Not on File	Charleston / Corporation 5200 VIRGINIA WAY STE 400, LICENSING AND CERTIFICATION BRENTWOOD, TN 37027-7569 TOTAL RENAL CARE INC ERD-0165 / 08/31/2014	17
Licensed Stations:	Hemodialysis: 17 Peritoneal: 2	
RAI-CHARLIE HALL-CHARLESTON 2080 CHARLIE HALL BLVD CHARLESTON, SC 29414-5830 FAC.#:843-766-4655 JONES RN, SUSAN COOK PH#: 843-884-3115 Facility Email: BEN.DELP@RENALADVANTAGE.COM	Charleston / Limited Liability 2080 CHARLIE HALL BLVD CHARLESTON, SC 29414-5830 RAI CARE CENTERS OF SOUTH CAROLINA I LLC ERD-0155 / 09/30/2014	29
Licensed Stations:	Hemodialysis: 26 Peritoneal: 3	

Totals For Facility/License Type: Renal Dialysis**Number of Activities/Facilities licensed: 14 Number Licensed Units: 244**

County: Charleston

Facility Type: Residential Treatment for Children & Adolescents

Facility Name	County/Ownership Type	Licensed Units
Location Street	Mailing/Billing Address	
Location City, State	Licensee	
Administrator/Phone	License Nbr/Expiration Date	
RIVERSIDE BEHAVIORAL HEALTH SERVICES AT WINDWOOD FARM	Charleston / Non-Profit Corporation	12
4857 WINDWOOD FARM RD	4857 WINDWOOD FARM RD	
AWENDAW, SC 29429-5951 FAC.#:843-884-5342	AWENDAW, SC 29429-5951	
MCKELVEY, DEBORAH D PH#: 843-884-5342	WINDWOOD FARM HOME FOR CHILDREN INC	
Facility Email: DEBORAH.MCKELVEY@WINDWOODFARM.ORG	RTF-0025 / 03/31/2015	

Totals For Facility/License Type: Residential Treatment for Children & AdolescentsNumber of Activities/Facilities licensed: 1 Number Licensed Units: 12

County: Charleston

Facility Type: Tattoo Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
BLU GORILLA TATTOO 1409 KING ST EXT CHARLESTON, SC 29403 FAC.#:843-805-8071 DENNIS, TIMOTHY A PH#: 843-789-2244 Facility Email: BLUGORILLA.ALYX@GMAIL.COM	Charleston / Corporation 1409 KING ST EXT CHARLESTON, SC 29403 BLU GORILLA TATTOO INC TF-0033 / 01/31/2015	4
BROKEN LANTERN STUDIO 1856 BELGRADE AVE UNIT B4 CHARLESTON, SC 29407-5798 FAC.#:843-637-4999 COLLINS, GLENN PH#: 843-637-4999 Facility Email: BROKENLANTERNSTATTOO@GMAIL.COM	Charleston / Limited Liability 1856 BELGRADE AVE UNIT B4 CHARLESTON, SC 29407-5798 BROKEN LANTERN TATTOO STUDIO LLC TF-0090 / 04/30/2015	4
CHARLESTON TATTOO COMPANY INC 792 FOLLY RD STE E CHARLESTON, SC 29412-3477 CHESTON, JONATHAN E PH#: 803-782-0753 Facility Email: Not on File	Charleston / Partnership PO BOX 32404 CHARLESTON, SC 29417-2404 DEVINE STREET TATTOO INC TF-0136 / 06/30/2014	4
HOLY CITY TATTOOING COLLECTIVE 1916 SAVANNAH HWY CHARLESTON, SC 29407-6251 FAC.#:843-805-8000 EISENBERG, JASON R PH#: 843-805-8000 Facility Email: HOLLYCITYTAT2@YAHOO.COM	Charleston / Limited Liability 1916 SAVANNAH HWY CHARLESTON, SC 29407-6251 HOLY MOUNTAIN LLC TF-0046 / 08/31/2014	3
IRON LOTUS STUDIOS 1921 SAVANNAH HWY CHARLESTON, SC 29407-6250 FAC.#:843-225-1304 MARCOTTE, DAVID S PH#: 843-225-1304 Facility Email: DAVE@IRONLOTUSSTUDIOS.COM	Charleston / Ltd. Liability 1921 SAVANNAH HWY CHARLESTON, SC 29407-6250 LUCKY 7'S TATTOO STUDIO LLC TF-0102 / 05/31/2014 (Renewal Pending)	6
PEPPER SHADE 1436 N MEETING ST CHARLESTON, SC 29403 FAC.#:843-789-2244 DENNIS, TIMOTHY A PH#: 843-789-2244 Facility Email: BLUGORILLA.ALYX@GMAIL.COM	Charleston / Corporation 1409 KING ST EXT CHARLESTON, SC 29403 BLU GORILLA TATTOO INC TF-0118 / 02/28/2015	4
ROSES AND RUINS TATTOO-CHARLESTON 1669 MEETING STREET RD STE A NORTH CHARLESTON, SC 29405-9408 FAC.#:843-202-0922 ZEALY, LAWRENCE CHRISTOPHER PH#: 843-442-4033 Facility Email: CHRISZEALY@YAHOO.COM	Charleston / Limited Liability 1669 MEETING STREET RD NORTH CHARLESTON, SC 29405-9408 ZEALY LAWRENCE CHRISTOPHER TF-0158 / 08/31/2014	4

Totals For Facility/License Type: Tattoo FacilityNumber of Activities/Facilities licensed: 7 Number Licensed Units: 29

County: Charleston

Number of Activities/Facilities licensed in county of	<u>Charleston</u>	# Lics:	<u>164</u>
		Number Licensed Units :	<u>5,871</u>

Report Totals:

Total Number of Activities/Facilities licensed 164 Total Number Licensed Units: 5,871